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APR 2 2 2019

RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE

	STATE OF NEW HAMPSHIRE
	2019 Statement of Income and Expenses
	for LOBBYISTS
	(RSA Chapter 15)
PLEASE PRINT	•

I. Name of Lobb	byist(s) Sarah Faye	Pierce				
II. Name of lobi	byist's partnership, firm	or corporation, if a	ıy:		•	
Associa	ation of Home Applianc	e Manufacturers				
	(Name of partnership, firm	or corporation)	" - ' -			
1111 19	th St NW 516 402	Washington		С	20036	
Business Address: (Street) (Town/City)		(Stat	(State) (Zip Code)			
(703) 795-3	243 ()	e-mail	spierce@aham.org e-mail		
(Teleph	3243 ()(Fax)				
reportable expe	ent covers: (Choose one - ense transactions which a le transactions occurring in	re not attributable t	o any one client).			
A ==	A HAA AAAA	Mar Con Care				
<u>/15/39\${*f\\fq</u>	(Full Name of Client	as it appears on the Lo	bbyist Registration Form	n)		
<u>OR</u>	·					
☐ All reportable unrelated to any	e transactions by the lobby particular client.	ist (including the lob	byist's family), or the	lobbying firm	listed below which are	
IV. Date of Rep	ort April 24, 2019 🔀	•	July 31, 201	9 🗆		
Reports cover:			activity from 4/1/19 to 6/30/19			
	October 30, 2019 activity from 7/1/19 to		January 29, 3 activity from 10/1/1		•	
V. There have If this box is che Concord, NH 03	been no fees received cked, complete just this for 301.	and no reportable m and submit it to th	transactions made e Secretary of State's	e since the las Office, State H	t report. 🏻 🌂 ouse, Room 204,	
VI Check if ad	ditional reports are attac	hed:				
	received fees or made expe		ile Addendum A- Fe	es and Expense	es	
•	paid an honorarium or reir	=				
☐ If you, your	firm, or your family has π	nade political contrib	utions, you must file	Addendum C-	Political Contributions	
Sworn Stateme I have read RSA and complete to	nt/Affirmation by Lobby 15, RSA 15-B, RSA 14-C the pest of my knowledge	and RSA 664 and h	ereby swear or affirm		ing information is true	
(Signature of lo	byist)			(Date)	_	
Sarah (Print Name of	F PIRRCE Iobbyist)					